



# Women's Recovery Services in Minnesota: Cross-site Findings Executive Summary

*Cumulative Evaluation Results of a 5-year Minnesota Initiative  
Serving Chemically Dependent Women and their Children:  
2011-2016*

**O C T O B E R 2 0 1 6**

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# Acknowledgments

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# Executive summary

## Project overview

In 2011, the Minnesota Department of Human Services Alcohol and Drug Abuse Division (ADAD) contracted with eleven grantees across Minnesota to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families. Through this initiative, known as Women's Recovery Services, a total of ultimately 12 grantees provided comprehensive, gender-specific, family-centered services for the clients in their care. The Women's Recovery Services initiative began in July 2011 and concluded in June 2016. Services offered to program participants through the Women's Recovery Services initiative varied somewhat across sites, but generally included services and supports related to treatment and recovery, basic needs and daily living, mental and physical health, and parenting.

## Evaluation overview

Wilder Research was contracted to evaluate the five-year initiative, which included the following components:

- **a process evaluation**, describing the clients served and services provided across programs;
- **an outcome evaluation**, assessing the extent to which clients' substance use, basic needs, employment, systems involvement, physical and mental health, and parenting improved, as well as the extent to which

pregnant clients and their newborn infants were healthy and drug-free at birth;

- **a cost-benefit analysis**, which examined the overall cost-benefit of the initiative to DHS and to the state of Minnesota (reported out separately).

Program staff collected and documented information about clients and their children at intake, closing, and throughout their participation in the program in a common database system. Program-level information about outreach and financial support provided to clients was also collected by staff semi-annually. In addition, approximately six- and 12-months after leaving the program, Wilder Research conducted follow-up telephone interviews with clients to assess the family's well-being and progress over time.

This report summarizes program activities from June 2012 through March 2016, or approximately years 2 through 5 of the initiative (limited data are available for year 1, which was primarily devoted to development). Interpretation of findings should be considered in light of potential limitations around the evaluation, including missing or inaccurate data, program model differences, and small sample sizes, in some cases.

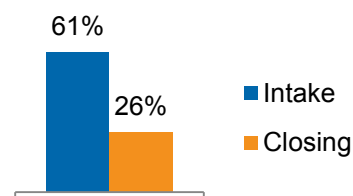
## Key findings

### *Clients showed significant improvements across multiple areas at program exit.*

As compared to program intake, when clients left the grant-funded programs, they were:

- Less likely to be using substances (26% vs. 61%); overall, 90% were either not using or using substances less.

#### Past 30-day substance use



- More likely to be connected to Alcoholics Anonymous or Narcotics Anonymous (81% vs. 48%).
- More likely to be housed (not homeless) (89% vs. 78%), to be living in their own home or have permanent supportive housing (54% vs. 45%), and to have living arrangements considered both stable (68% vs. 55%) and supportive to recovery (77% vs. 63%).
- More likely to be employed (21% vs. 14%).
- Less likely to be involved with child protection (39% vs. 43%).
- Significantly more likely to have increased family stability (mean=-0.1 vs. mean=-17.6)

Additionally, of the 550 infants born to clients while they were participating in the grant-funded programs, 84 percent had negative toxicology results at birth and the vast majority was born full-term and had a normal birth weight.

### Families served and services provided

The 12 Women's Recovery Services grantees served a total of 2,955 clients (with 6,051 children) in years 2 through 5. Most clients were white (53%), American Indian (23%), or African American/black (14%), and between the ages of 18 and 34 (79%). Just over one-quarter (27%) were pregnant when they enrolled in one of the grant-funded programs. More than half of the clients served (59%) reported having used alcohol and/or other drugs in the 30 days prior to program enrollment, usually marijuana (45%), alcohol (41%), or methamphetamines (41%). More than three-quarters (78%) were in treatment when they entered the grant-funded programs. Clients were experiencing a range of physical and mental health challenges at intake: 35 percent had a severe or chronic physical health problem, and 76 percent had at least one mental health diagnosis. Almost all clients served (92%) had incomes at or below the federal poverty line at program entry.

On average, clients were enrolled in one of the grant-funded programs for 5 months and received 80 hours of contact time with program staff.

***Some clients maintained these positive outcomes at follow-up; others did not.***

As noted, clients showed significant improvements from intake to closing in several key outcome areas and maintained a number of these improvements at the 6- and 12-month follow-up periods, including:

- Improved housing, including having housing in general (not homeless), being in their own home or permanent supportive housing, and having living arrangements considered both stable and supportive to recovery.
- Decreased participation in child protection.
- Increased access to reliable transportation.
- Increased access to social support.
- Higher levels of employment.

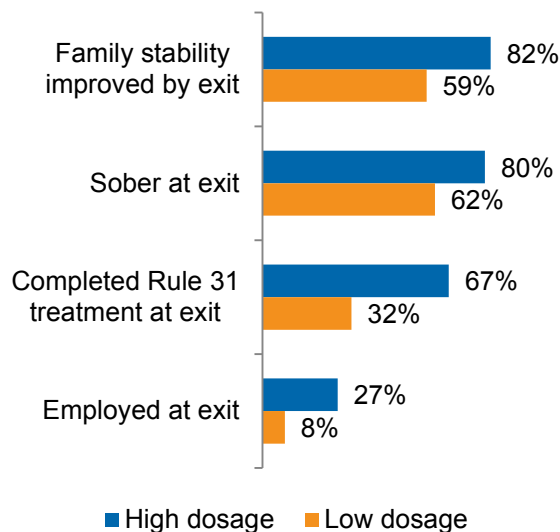
In other areas, however, clients' well-being tended to worsen after they left the program. For example:

- After a significant decline in substance use between program entry and exit, about half of all clients were using substances again by the follow-up periods.
- While the proportion of clients for whom physical health was a “strength” increased from program entry to program exit, this proportion significantly decreased at follow-up.

***Higher levels of service resulted in better outcomes.***

Clients who received a higher “dosage” of service<sup>1</sup> - that is, more intensive case management services – did better in several key outcome areas such as sobriety (at closing *and* follow-up), treatment completion, substance-free births, employment, housing, system involvement, and family stability. Dosage had the biggest impact ( $p < .001$ ) in some of the following areas:

**Impact of dosage on select outcomes**



Given the fact that some women fail to maintain the gains made while *in* the program after they *leave* the program, these results suggest that higher doses of service may help counteract post-program slide.

<sup>1</sup> A “high” dosage of service was defined as having participated in the program for at least 90 days, having at least 40 hours of total contact with staff, and having had at least 12 hours of one-on-one, in-person contact with staff.

***Several factors play an important role in predicting clients' sobriety and stability.***

Sobriety. Clients were more likely to be sober at closing if they had been engaged in their case planning, were living in housing supportive to recovery at closing, were participating in AA/NA at closing, were pregnant at intake, and were receiving mental health services or connected to a clinic/therapist at closing. With the exception of pregnancy status, all of these factors also predicted sobriety at the 6- and/or 12-month follow-up. Additional factors were also found to be predictive of sobriety at follow-up, including receiving higher doses of service, having permanent and stable housing, being enrolled in the program for at least 90 days, being employed, being involved with treatment while in the program, and primary drug of choice.

**Family stability.** Several of these same factors were found to predict overall family stability, as well as other factors like participation in AA/NA at closing, *not* being involved in child protection at closing, *not* having a mental health diagnosis at closing, and receiving mental health services – or being connected to a mental health clinic or therapist – at closing.

Women's relationships with others also played a key role. Clients identified the emotional support they received from program staff and their relationships with their children as critical to supporting their sobriety and general well-being.

## Considerations for the future

Overall, the grant-funded programs made a significant impact on the lives of the clients they served and their families. The most profound effects were observed for clients who received more intense services from the programs (i.e., a higher dosage) and had access to key supports such as housing that was stable and supportive to recovery, as well as mental health services and sobriety support (e.g., Alcoholics Anonymous or Narcotics Anonymous). Although clients continued to do better in many outcome areas after they left the program, many struggled to maintain their sobriety in the year after they left the program, even those who received higher doses of services. These findings suggest the need for continued support related to sobriety after case closing (e.g., aftercare services), and to address other ongoing and related challenges that persist, such as issues around affordable housing, physical health, and employment and income.